



# APPLICATION FOR SEASONAL EMPLOYMENT EQUAL OPPORTUNITY EMPLOYER

Please type or print legibly in black or blue ink. All areas must be completed.

## Applicant Personal Data:

Name (first, last, middle initial): \_\_\_\_\_

Mailing Address (number and street): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Are you eligible to work in the US? (y/n) \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_ Other Telephone: (     ) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

The State is requesting your Social Security number under authority of IC 4-1-8 to accomplish statutory purposes. Disclosure is mandatory, and this form cannot be processed without it.

Highest Grade Completed: 9 10 11 12 GED

*Office Use Only: ISP\_\_\_ INSOR\_\_\_ BMV\_\_\_*

College/University/Technical School/Other: \_\_\_\_\_

Have you previously work for the Fair? (y/n) \_\_\_\_\_ Department \_\_\_\_\_

Have you been convicted of a crime, other than a minor traffic violation? (y/n) \_\_\_\_\_

If yes, provide information regarding the conviction (offense, date, sentence) on a separate, attached sheet

If you are licensed to drive, please indicate the type of license:

\_\_\_ Private \_\_\_ Chauffeur \_\_\_ Public Passenger \_\_\_ Commercial (CDL)

## Work History

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Company: \_\_\_\_\_ Job Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

If necessary, please attach an additional sheet

## References

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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The following information is requested in order to ensure equal opportunity and for record keeping purposes only. Disclosure is completely voluntary. Your application will not be rejected if you choose not to disclose the requested information. If you choose to disclose the following information, it will not be used to discriminate against you in the employment process. (Continued on back)

**Race (check one):**    ☐ **White**    ☐ **Hispanic**    ☐ **Asian or Pacific Islander**    ☐ **Black**  
                                 ☐ **American Indian or Alaskan Native**    ☐ **Other (specify)** \_\_\_\_\_  
**Sex (check one):**    ☐ **Male**    ☐ **Female**

The government defines an individual with a disability as a person who: 1) has a physical or mental impairment that substantially limits one or more major life activities (e.g. seeing, hearing, working); 2) has a record of such impairment; or 3) is regarded as having such an impairment.

**In accordance with this definition, do you regard yourself as an individual with a disability? (y/n)** \_\_\_\_\_

**Certificate of Applicant and Authorization of Reference and/or Employment Verification:** I certify that there are no misrepresentations in or falsifications of these statements and answers. I am aware that if investigations disclose such, my application may be disqualified, my name removed from all eligible lists, and my future applications may not be accepted. I am also aware that falsification of this application, or any accompanying data, may result in my dismissal from any position in State employment. I authorize any person, agency, partnership, or corporation having any information concerning my background, educational record, or employment record to release such information. This information is to be used for possible employment with the Indiana State Fair Commission.

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

### **CONSENT TO MEDICAL TREATMENT**

The Indiana State Fair Board and the Indiana State Fair Commission attempt to provide employment for all persons regardless of age where applicable laws permit. It is the policy of the Board and Commission to employ minors (children under the age of 18) in many departments of the Fair. In many instances, these children are provided dormitory and living areas on the Fairgrounds. Further, these children are often not accompanied by their parents or guardians during their stay at the Fairgrounds.

Should a child become seriously ill or injured, effective medical treatment may be delayed because there is no responsible parent or guardian available to provide consent, in person or by telephone, to treat the child as required by medical facilities. As a result, it is necessary to obtain your consent for medical treatment in the unlikely event that your child may become seriously ill or injured in order that she/he may receive prompt and appropriate medical attention and treatment.

We, therefore, ask you as a parent or legal guardian of the below listed individual to complete this Affidavit.

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### **AFFIDAVIT OF PARENT OR GUARDIAN OF MINOR**

I hereby acknowledge that \_\_\_\_\_ is employed by the Indiana State Fair Board and the Indiana State Fair Commission, and is considered a minor according to the appropriate Indiana statutes. As such, I give my consent to appropriate health care facilities and practitioners and hereby authorize necessary medical treatment be rendered to the above named individual should she/he become seriously ill or injured while in the employ of the Indiana State Fair Commission.

I certify that I am the parent or legal guardian for the above-mentioned employee\*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Emergency Telephone Numbers:** \_\_\_\_\_